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CONFIRMATION NO. 7386

SERIAL NUMBER 10/649,857	FILING DATE 08/28/2003 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PZ005P1C3
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/814,122 03/22/2001 ABN
 which is a CON of 09/577,145 05/24/2000 ABN
 which is a CON of 09/166,780 10/06/1998 ABN
 which is a CIP of PCT/US98/06801 04/07/1998
 which claims benefit of 60/042,726 04/08/1997
 and claims benefit of 60/042,727 04/08/1997
 and claims benefit of 60/042,728 04/08/1997
 and claims benefit of 60/042,754 04/08/1997
 and claims benefit of 60/042,825 04/08/1997
 and claims benefit of 60/048,068 05/30/1997
 and claims benefit of 60/048,070 05/30/1997
 and claims benefit of 60/048,184 05/30/1997

OK PM 7/15/05

** FOREIGN APPLICATIONS *****

none PM 7/15/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MD	0	24	4
Allowance PM 7/15/05 Examiner's Signature Initials				

ADDRESS

22195
 HUMAN GENOME SCIENCES INC
 INTELLECTUAL PROPERTY DEPT.
 14200 SHADY GROVE ROAD

ROCKVILLE , MD
20850

TITLE
20 Human secreted proteins

<p>FILING FEE RECEIVED 906</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
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